(512)463-5800

	OFFICEHOLDER INANCE REPORT	5898	FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	uideexplains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 31dec2004	2 Total pages this report:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST RON NICKNAME LAST	MI SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS	Davis ADDRESS / PO BOX; APT / SUITE #; P.O. Box 16665	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	Austin TX 78761 TITLE FIRST Louis NICKNAME LAST	MI	Receipt # THE Amount
6 CAMPAIGN	Simms	/ SUITE #: CITY: STATE:	Date Processed O Date Imaged O ZIP CODE
TREASURER ADDRESS (Residence or business)	7501 Barcelona Dr. Austin TX 78745		ZIF CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 453-5322	EXTENSION	
8 REPORT TYPE	X January 15 30th day before electric July 15 8th day before electric Strict St		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year TH 06/30/2004	Month Day HROUGH 12/31/20	Year 04
10 ELECTION	Month Day Year ELECTION DATE 11/02/2008	N TYPE mary Runoff X	General Special
11 OFFICE	OFFICE HELD (if any) Other — Travis Co Commissio - ner Pct 1	12 OFFICE SOUGHT (if known Other — Travis Co Coner Pct 1	Commissio -
DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign Candidates are required to disclose this informati Name		
additional pages	Address/PO Box; Apt. / Suite #; City; State	; Zip Code	
	GO T	O PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SLIDDODT & TOTAL S

FORM C/OH COVER SHEET PG 2

SUPPORT	& IOIAL		COVER SHEET PG Z
15 C/OH NAME		RON DAVIS	16ACCOUNT#(Ethics Commission (Hers)
17 NOTICE FROM POLITICAL	may have been made	tice of political expenditures by political committees to support the candidate's or officeholder's knowledge or consent. Candidate's from the candidate's or officeholder's knowledge or consent.	date / officeholder. These expenditures tes and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
: additional pages		COMMITTÉE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,325.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4,325.51
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	\$ 1,417.51
OUTSTANDING LOANTOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$ 20,976.34
	FELICITAS B. C Notary Public,State My Commission i DECEMBER 06	is true and correct and juelades and of Texas is true a	perjury, that the accompanying report information required to be reported by
AFFIX NOTARY STAM	P / SEAL ABOVE	Signature of Cand	idate or Officeholder
Swom to and subscri			, this the 14th day
of January Lucitas 6 Signature of officer ac	Chap	rtify which, witness my hand and seal of office. Felicitas B. Chart No. Printed name of officer administering oath	stary Public Us of officer administering path

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

	The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this 3/7	report:			
2	FILER NAME Ron Davis			3 ACCOUNT # 31dec2004	(Ethlos Commission filers)			
4	Date	Full name of contributor out-of-state PAC(ID# BMcPac		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	10/18/2004	6 Contributor address; City; State; Zip Code 111 Congress Ave Ste 1400		500.00	 			
		Austin TX 78701						
9	Principal occup	ation (Optional)	10 Employer (Option	al)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	10/12/2004	Contributor address; City; State; Zip Code 1801 Lavaca,No. 11-B		25.00	[
	Principal cosum	Austin TX 78701 ation (Optional)	Employer (Option	al)				
	rincipal occup	ation (Optional)	Employer (Option	ai)				
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)			
	10/18/2004	Contributor address; City; State; Zip Code 2939 Westlake Cove		1000.00	 			
		Austin TX 78746			<u>i</u>			
	Principal occup	ation (Optional)	Employer (Optional)					
	Date	Full name of contributor out-of-state PAC(ID# Home Builder Association of Greater Austin, Home	epac Personal	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	08/20/2004	Contributor address; City; State; Zip Code 7952 Anderson Square		250.00	[
		Austin TX 78757						
	Principal occup	ation (Optional)	Employer (Option	al)				
	Date	Full name of contributor ut-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)			
	07/28/2004	Contributor address; City; State; Zip Code 1601 Ridgemint Dr.		50.00	[
		Austin TX 78723			1			
	Principal occup	ation (Optional)	Employer (Option	al)				
			7.10	·				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The Instruct	ON GUIDE explains how to complete this form.		1 Total pages this report: 4/7 3 ACCOUNT # (Einics Commission Flors) 31dec2004		
FILER NAMI Ron Davis					
Date 5 Full name of contributor out-of-state PAC(ID#			7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
10/18/2004	6 Contributor address; City; State; Zip Code 98 San Jacinto, Ste 180		500.00		
Austin TX 78701				 	
Principal occupation (Optional) 10 Employer (Opti			al)	·	
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/18/2004	Contributor address; City; State; Zip Code 400 W 14th St. Ste #220		2000.00	 	
	Austin TX 78701			! [
Principal occup	pation (Optional)	Employer (Option	•		

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SC	LIE	DI.	H 6	
aь	пс	IJL	JLC	

The Instruction Guine explains how to complete this form. 1 Total pages report: 5/7 2 FILER NAME Ron Davis 3 ACCOUNT # (Enics Commission risers) 31dec2004 4 Date 10/13/2004 Checkmark Typesetting 6 Payee address; City; State; Zip Code 3217 North IH 35 Austin TX 78722 8 Purpose of expenditure (See instructions regarding type of information required.) 9 Complete if direct expenditure to benefit C/OH *** Candidate / Officeholder name office sought office held
Ron Davis 4 Date 5 Payee name 7 Amount (\$) 10/13/2004 Checkmark Typesetting 92.01 6 Payee address; City; State; Zip Code 3217 North IH 35 Austin TX 78722 S Purpose of expenditure (See instructions regarding type of 9 Complete if direct expenditure to benefit C/OH ***
10/13/2004 Checkmark Typesetting 92.01 6 Payee address; City; State; Zip Code 3217 North IH 35 Austin TX 78722 8 Purpose of expenditure (See instructions regarding type of 9 Complete if direct expenditure to benefit C/OH **
10/13/2004 Checkmark Typesetting 92.01 6 Payee address; City; State; Zip Code 3217 North IH 35 Austin TX 78722 8 Purpose of expenditure (See instructions regarding type of 9 Complete if direct expenditure to benefit C/OH **
6 Payee address; City; State; Zip Code 3217 North IH 35 Austin TX 78722 8 Purpose of expenditure (See instructions regarding type of 9 Complete if direct expenditure to benefit C/OH **
3217 North IH 35 Austin TX 78722 8 Purpose of expenditure (See instructions regarding type of 9 Complete if direct expenditure to benefit C/OH **
Austin TX 78722 8 Purpose of expenditure (See instructions regarding type of 9 Complete if direct expenditure to benefit C/OH **
8 Purpose of expenditure (See instructions regarding type of 9 Complete if direct expenditure to benefit C/OH **
information required.) Candidate / Office holder name Office sought Office held
Campaign printing
Date Payee name Amount (\$)
07/12/2004 Comerica Bank 6.50
Payee address; City; State; Zip Code
P.O. Box 650282
Austin TX 75265
Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH
information required.) Candidate / Officeholder name Office sought Office held Service Charges
Date Payee name Amount
08/14/2004 Comerica Bank (\$)
0.30
Payee address; City; State; Zip Code P.O. Box 650282
Austin TX 75265
Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH Candidate / Office holder name Office sought Office hold
Comerica Bank
Date Payee name Amount
09/14/2004 Comerica Bank (\$) 6.50
Payee address; City; State; Zip Code
P.O. Box 650282
Austin TX 75265
Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH **
information required.) Candidate / Officeholder name Office sought Office held Service Charge

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The Instructi	ION GUIDE explains how to complete this form.	1 Total pages 6/7	report:	
FILER NAM Ron Davis	E	3 ACCOUN 31dec200	INT # (Ethics Commission filers)	
Date 10/14/2004	5 Payee name Comerica Bank 6 Payee address; City; State; Zip Co P.O. Box 650282 Austin TX 75265	7 A		
Purpose of ex information re- Service Cha	•	9 Complete if direct expenditure to bene Candidate / Officeholder name	fit C/OH ** Office sought Office held	
Date 11/14/2004	Payee name Comerica Bank Payee address; City; State; Zip Co P.O. Box 650282	de	Amount (\$) 6.50	
	Austin TX 75265			
Purpose of ex information re- Service Chai	I penditure (See instructions regarding type of quired.)	Complete if direct expenditure to bene Candidate / Officeholder name	fit C/OH Office sought Office held	
information re	I penditure (See instructions regarding type of quired.)	Candidate / Officeholder name		
Date 12/13/2004	penditure (See instructions regarding type of quired.) rges Payee name Comerica Bank Payee address; City; State; Zip Co P.O. Box 650282 Austin TX 75265 penditure (See instructions regarding type of quired.)	Candidate / Officeholder name de Complete if direct expenditure to bene	Amount (\$) 6.50	
Date 12/13/2004 Purpose of exinformation received and the second	penditure (See instructions regarding type of quired.) rges Payee name Comerica Bank Payee address; City; State; Zip Co P.O. Box 650282 Austin TX 75265 penditure (See instructions regarding type of quired.)	Candidate / Officeholder name de Complete if direct expenditure to bene Candidate / Officeholder name	Amount (\$) 6.50	

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3	L	н		U	u	L	E	г

The Instructi	юн Guide explains how to complete this form.	1 Total pages 7/7	report:	
2 FiLER NAM Ron Davis	E .		T# (Ethics Commission filers)	
Date 11/18/2004	6 Payee address; City; State; Zip Code 5403 Chevy Circle	e	7 Amount (\$) 2000.00	
Purpose of ex information re Payment on		9 Complete if direct expenditure to bene Candidate / Officeholder name	fit C/OH ** Office sought Office held	
Date 11/12/2004	Payee name NAACP Payee address; City; State; Zip Code 1704 East 12th Street Austin TX 78702	e	Amount (\$) 160.00	
Purpose of ex information re Community :		Complete if direct expenditure to bene Candidate / Officeholder name	fit C/OH •• Vifice sought Office held	
Date 12/13/2004	Payee name Postmaster	В	Amount (\$) 34.50	
	Payee address; City; State; Zip Code 8225 Cross Park Dr. Austin TX 78710			
	8225 Cross Park Dr. Austin TX 78710 penditure (See instructions regarding type of	Complete if direct expenditure to bene	fit C/OH ** Office sought Office held	
Purpose of ex information re	8225 Cross Park Dr. Austin TX 78710 penditure (See instructions regarding type of	Complete if direct expenditure to bene Candidate / Officeholder name		

Texas Ethics Commission Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 P.O. Box 12070 **CANDIDATE / OFFICEHOLDER** FORM C/OH 5899 **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 ACCOUNT # (Ethics Commission filers) 2 Total pages this report: The C/OH INSTRUCTION GUIDEExplains how to complete this form. 00000000 1/11 CANDIDATE / FIRST OFFICE USE ONLY **OFFICEHOLDER** Gerald 61 C NAME Date Received NICKNAME LAST SUFFIX Daugherty CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE OFFICEHOLDER [1] 1403 Club Ridge Cove **ADDRESS** Date Hand-delivered or Date Postmarked Austin TX 78735 Change of Address 30 ∞ CAMPAIGN TITLE FIRST М TREASURER Hector NAME Receipt# Amount NICKNAME LAST SUFFIX Date Processed DeLeon Date Imaged STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE CAMPAIGN TREASURER 221 W. 6th St.Suite 1050 ADDRESS (Residence or business) Austin TX 78701 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** (512) 478-5308 PHONE **8 REPORT TYPE** X January 15 Runoff 15th day after campaign treasurer appointment (officeholder only) 30th day before election July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR) Day Month Day PERIOD THROUGH COVERED 07/01/2004 12/31/2004 **ELECTION DATE** 10 ELECTION **ELECTION TYPE** Special Runoff Primary General OFFICE HELD (if any) Other -- County Commissioner -12 OFFICE SOUGHT (if known) 11 OFFICE Pct. 3 13 Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. DIRECT Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. CAMPAIGN **EXPENDITURE BY OTHER** INDIVIDUALS Address/PO Box; Apt. / Suite #; Zip Code additional pages

GO TO PAGE 2

Texas Ethics Commission	P.O. Box 120	970 Austin, Texas 78711-2070	(512)463-5800 1-800-325-8506
CANDIDATE SUPPORT &		OLDER REPORT:	FORM C/OH COVER SHEET PG 2
14 C/OH NAME Gerald Daugherty			15 ACCOUNT # (Ethics Commission filers) 00000000
16 NOTICE FROM	have been made with	les political expenditures by political committees to support the candi nout the candidate's or officeholder's knowledge or consent. Candidate by receive notice of such expenditures	idate / officeholder. These expenditures may es and officeholders are required to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if no n	reportable activity occured during this reporting period. (Sign affidavid below and s	submit pages 1 and 2 only.}
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 75.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4125.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 114.33
	4. TOTALE	POLITICAL EXPENDITURES	\$ 7941.04
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0.00
19 AFFIDAVIT	-	Louises or offirm under popular	and a second sec
			of perjury, that the accompanying report all information required to be reported by e.
·		frank	Englest 4
		Signature of Ca	andidate or Officeholder
Signed b	eture me	on January 12, 2005.	* .
Chest?	i Oker	CHERYL E. AKER Notary Public, State of Texas My Commission Expires SEPTEMBER 08, 2007	

CHERYL E. AKER
Notary Public, State of Texas
My Commission Expires
SEPTEMBER 08, 2007

POLITICAL CONTRIBUTIONS

SCHEDULE A 1

	OTHER	THAN PLEDGES OR LOAI	NS 		FOR FORMS C/OH & SPAC)	
	The Instruction	ом Guide explains how to complete this form.		Total pages this report: 3/11		
2	FILER NAME Gerald Daug			3 ACCOUNT # (Ethics Commission: Sers) 000000000		
4	Date	5 Full name of contributor out-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	11/15/2004	6 Contributor address; City; State; Zip Code 502 E 11th St Ste 300	200.00	 		
		Austin TX 78701-2650		 		
9	Principal occup	vation (Optional)	al)	-		
	Date Full name of contributor Out-of-state PAC(ID#			Amount of contribution (S)	In-kind contribution description (if appticable)	
ł.	10/21/2004	10/21/2004 Contributor address; City; State; Zip Code 600 Congress Ave Ste 2400			 - -	
		Austin TX 78701-2978			 	
	Principal occup	pation (Optional)	Employer (Optional)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/27/2004 Contributor address; City; State; Zip Code 7952 Anderson Sq			250.00		
		Austin TX 78757-8419				
	Principal occup	ation (Optional)	Employer (Optional)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (If applicable)	
	10/21/2004	Contributor address; City; State; Zip Code 8211 Long Canyon Dr		100.00		
		Austin TX 78730-2807			<u> </u>	
	Principal occup	ation (Optional)	Employer (Optional)			
	Date	Full name of contributor ut-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/27/2004	Contributor address; City; State; Zip Code 1805 Frontier Valley Dr	•••••	500.00		
		Austin TX 78741-5219			! 	
	Principal occup	ation (Optional)	Employer (Option	al)		
	, 					

POLITICAL CONTRIBUTIONS

. SCHEDULE A 1

	OTHER	THAN PLEDGES OR LOAD	NS		(FOR FORMS C/OH & SPAC)
	The INSTRUCTI	ON GUIDE explains how to complete this form.		1 Total pages this	
2	FILER NAME Gerald Daug			3 ACCOUNT#	(Ethics Commission Flers)
4	Date	5 Full name of contributor out-of-state PAC(ID# NECA - Good Government PAC)	7 Amount of contribution (\$)	8 In-kind contribution description (If applicable)
	10/19/2004	6 Contributor address; City; State; Zip Code 98 San Jacinto Blvd Ste 180	·	500.00	1
		Austin TX 78701-4280			
9	Principal occup	pation (Optional)	10 Employer (Option	al)	·
<u></u>	Date	Full name of contributor ut-of-state PAC(ID# TOSO PAC)	Amount of contribution (5)	In-kind contribution description (If applicable)
	12/13/2004	Contributor address; City; State; Zip Code 400 W 14th St Ste 100		2000.00	
		Austin TX 78701-1644			
	Principal occur	pation (Optional)	Employer (Option	al)	

Date	Payee name		Amount
2/10/2004	Barbara Cilley		(\$) 500.00
	Payee address; City; State; Zip Coo	le	
	1417 Travis Heights Blvd.		
	Austin TX 78704		
Purpose of exp	penditure (See instructions regarding type of guired.)	Complete if direct expenditure to benefit C/C	
Consulting/R	esearch		•

Date	Payee name	Amount	
08/23/2004	Mistie Davis	(s) 750.00	
	Payee address; City; State; Zip Cod 6201 Colina Lane	e	
	Austin TX 78759		
Purpose of ex	penditure (See instructions regarding type of	Complete if direct expenditure to benefit C/OH **	

Purpose of expenditure (See instructions regarding type of information required.)

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held
Contract labor

SCHEDULE F

The Instruction	ON GUIDE explains how to complete this form.		Total pages report: 6/11
FILER NAMI Gerald Dau	-	E .	ACCOUNT # (Ethics Commission Rens) 000000000
Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·	7 Amount
09/26/2004	Mistie Davis		(\$) 500.00
	6 Payee address; City; State; Zip Code	<i>.</i>	
	6201 Colina Lane		
	Austin TX 78759		
Purpose of ex Information re- Contract laborates		9 Complete if direct expendite Candidate / Officeholder name	ure to benefit C/OH '" Office sought Office held
Date	Payee name		Amount
11/21/2004	Mistie Davis		(\$) 500.00
		e	
	,		i
	6201 Colina Lane		
	Austin TX 78759 penditure (See instructions regarding type of	Complete if direct expendite	
Purpose of ex Information re- Contract laborates	Austin TX 78759 penditure (See instructions regarding type of quired.)	Complete if direct expendite Candidate / Officeholder name	ure to benefit C/OH •• Office sought Office held
Information re-	Austin TX 78759 penditure (See instructions regarding type of quired.)		Office sought Office held Amount
Information re-	Austin TX 78759 penditure (See instructions regarding type of quired.) or Payee name Hill's Services	Candidate / Officeholder name	Office sought Office held Amount (\$) 100.00
Information re- Contract laborates	Austin TX 78759 penditure (See instructions regarding type of quired.) or Payee name Hill's Services	Candidate / Officeholder name	Office sought Office held Amount (\$) 100.00
Information re- Contract laborates	Austin TX 78759 penditure (See instructions regarding type of quired.) or Payee name Hill's Services	Candidate / Officeholder name	Office sought Office held Amount (\$)
Information re- Contract laborates	Austin TX 78759 penditure (See instructions regarding type of quired.) or Payee name Hill's Services Payee address; City; State; Zip Cod	Candidate / Officeholder name	Office sought Office held Amount (\$)
Date 09/28/2004	Austin TX 78759 penditure (See instructions regarding type of quired.) or Payee name Hill's Services Payee address; City; State; Zip Cod PO Box 144451 Austin TX 78714-4451 penditure (See instructions regarding type of	Candidate / Officeholder name	Amount (\$) 100.00
Date 09/28/2004	Austin TX 78759 penditure (See instructions regarding type of quired.) or Payee name Hill's Services Payee address; City; State; Zip Cod PO Box 144451 Austin TX 78714-4451 penditure (See instructions regarding type of quired.)	e Complete if direct expendit	Amount (\$) 100.00
Date O9/28/2004 Purpose of exinformation re-	Austin TX 78759 penditure (See instructions regarding type of quired.) or Payee name Hill's Services Payee address; City; State; Zip Cod PO Box 144451 Austin TX 78714-4451 penditure (See instructions regarding type of quired.)	e Complete if direct expendit	Amount (\$) 100.00
Date O9/28/2004 Purpose of exinformation re- Computer Se	Austin TX 78759 penditure (See instructions regarding type of quired.) or Payee name Hill's Services Payee address; City; State; Zip Cod PO Box 144451 Austin TX 78714-4451 penditure (See instructions regarding type of quired.) ervices	e Complete if direct expendit	Amount (\$) 100.00 ure to benefit C/OH ** Office sought Office hold Amount (\$)
Date O9/28/2004 Purpose of exinformation re- Computer Se	Austin TX 78759 penditure (See instructions regarding type of quired.) or Payee name Hill's Services Payee address; City; State; Zip Cod PO Box 144451 Austin TX 78714-4451 penditure (See instructions regarding type of quired.) ervices Payee name IHOP	e Complete if direct expendit Candidate / Officeholder name	Amount (\$) 100.00 Amount Office sought Office held
Date O9/28/2004 Purpose of exinformation re- Computer Se	Austin TX 78759 penditure (See instructions regarding type of quired.) or Payee name Hill's Services Payee address; City; State; Zip Cod PO Box 144451 Austin TX 78714-4451 penditure (See instructions regarding type of quired.) ervices Payee name IHOP	e Complete if direct expendit Candidate / Officeholder name	Amount (\$) 100.00 Amount Office sought Office held
Date O9/28/2004 Purpose of exinformation re- Computer Se	Austin TX 78759 penditure (See instructions regarding type of quired.) or Payee name Hill's Services Payee address; City; State; Zip Cod PO Box 144451 Austin TX 78714-4451 penditure (See instructions regarding type of quired.) ervices Payee name IHOP Payee address; City; State; Zip Cod	e Complete if direct expendit Candidate / Officeholder name	Amount (\$) 100.00 Amount Office sought Office held
Date O9/28/2004 Purpose of exinformation re- Computer Sc Date 08/02/2004	Austin TX 78759 penditure (See instructions regarding type of quired.) or Payee name Hill's Services Payee address; City; State; Zip Cod PO Box 144451 Austin TX 78714-4451 penditure (See instructions regarding type of quired.) ervices Payee address; City; State; Zip Cod 11654 Research Blvd Austin TX 78759-4033 penditure (See instructions regarding type of	e Complete if direct expendit Candidate / Officeholder name	Amount (\$) 100.00 ure to benefit C/OH Amount (\$) 15.48

(512)463-5800

POLITI	CAL EXPENDITURES		SO	CHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 7/11	
2 FILER NAMI Gerald Dau			3 ACCOUNT # (Eth 00000000	ics Commission filers)
4 Date 10/26/2004	5 Payee name IHOP 6 Payee address; Clty; State; Zip Code 11654 Research Blvd Austin TX 78759-4033			Amount (S)· 28.17
8 Purpose of ex- information red Breakfast Me		9 Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH name Office sougi	
Date 11/21/2004	Payee name IHOP Payee address; City; State; Zip Code 11654 Research Bivd Austin TX 78759-4033			Amount (\$) 18.10
Purpose of ex Information red Breakfast Me		Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH name Office soug	
Date 08/31/2004	Payee name Lake Travis Republican Men's Club PAC Payee address; City; State; Zip Code PO Box 340033 Austin TX 78734-0001			Amount (S) 150.00
Purpose of ex information red Contribution		Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH name Office soug	
Date 08/04/2004	Payee name Lake Travis View Payee address; City; State; Zip Code 2300 Lohmans Spur Ste 124 Lakeway TX 78734-6200			Amount (\$) 93.00
Purpose of ex Information red Subscription	• •	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH name Office soug	

SCHEDULE F

	Payee address; City; State; Zip Co	de	•••
Date 12/21/2004	Payee name RLC PAC		Amount (\$) 500.00
Printed Supp			-
information re		Complete if direct expenditure to beneficandidate / Officeholder name	It C/OH "" ffice sought Office held
	P. O. Box 640814 Cincinnati OH 45264-0001		
07/21/2004	Proforma Payee address; City; State; Zip Co	de	1535.53
Date	Payee name		Amount (\$)
Purpose of ex Information re Fundraiser E		Complete if direct expenditure to benefi Candidate / Officeholder name Of	it C/OH '' fice sought Office held
	Austin TX 78709-0306		
	Payee address; City; State; Zip Co	de	
12/27/2004	Nancy Fly & Assoc./Sam Alired		(\$) 1250.00
Date	Payee name		Amount
Purpose of ex Information re Contract Lat		9 Complete if direct expenditure to benefit Candidate / Officeholder name Of	t C/OH "" fice sought Office held
	305 Inwood Rd		
12/10/2004	Bob Moore 6 Payee address; Clty; State; Zip Co	de	500.00
Date	5 Payee name		7 Amount (\$)
FILER NAM Gerald Dau		3 ACCOUNT 00000000	# (Ethics Commission filers)
		8/11	<u></u>

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SCF			_
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The Instructi	ON GUIDE explains how to complete this form.		1 Total pages report: 9/11	· <u>- · · · · · · · · · · · · · · · · · ·</u>
2 FILER NAM Gerald Dau			3 ACCOUNT # © 00000000	thics Commission (Bers)
4 Date 12/10/2004	5 Payee name Barbara Smith 6 Payee address; City; State; Zip Code 1200 Elm St Apt 206 Austin TX 78703-4054 penditure (See instructions regarding type of	9 Complete if direct expe		Amount (\$) 125.00
information re Contract lab	quired.)	Candidate / Officeholder na		
Date 12/10/2004	Payee name Brenda Spiker Payee address; City; State: Zlp Code 10503 War Bonnet Dr Austin TX 78733-1824			Amount (\$) 250.00
Purpose of ex information re Contract lab		Complete if direct expe Candidate / Officeholder na		
Date 09/21/2004	Payee name Texans for Bob Pemberton Payee address; City; State; Zip Code PO Box 608 Austin TX 78767-0608			Amount (\$) 250.00
Purpose of ex Information re Contribution	•	Complete if direct expe Candidate / Officeholder na		
Date 07/22/2004	Payee name The Tavern Payee address; City; State; Zip Code 922 W 12th St Austin TX 78703-4118			Amount (\$) 46.00
Purpose of ex information re Lunch Meeti	•	Complete if direct expe Candidate / Officeholder na		

POLITI	CAL EXPENDITURES		so	HEDULE F
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages report: 10/11	
2 FILER NAMI Gerald Dau			3 ACCOUNT# (EPIC 00000000	s Commission (fers)
10/11/2004	5 Payee name The Tavern 6 Payee address; City; State; Zip Code 922 W 12th St Austin TX 78703-4118		7	Amount (\$) 16.27
8 Purpose of ex information re-		9 Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ame Office sough	
Date 07/07/2004	Payee name Time Warner Cable Payee address; City; State; Zip Code PO Box 1088 Austin TX 78767-8865	e		Amount (S) 44.95
Purpose of ex information re- Utilities	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder n	enditure to benefit C/OH lame Office sough	
Date 08/06/2004	Payee name Time Warner Cable Payee address; City; State; Zip Code PO Box 1088 Austin TX 78767-8865	e	· · · · · · · · · · · · · · · · · · ·	Amount (\$) 44.95
Purpose of ex information re- Utilities	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder n	enditure to benefit C/OH lame Off.ce sough	
Date 09/06/2004	Payee name Time Warner Cable Payee address; City; State; Zip Code PO Box 1088 Austin TX 78767-8865			Amount (\$) 38.96
Purpose of ex information re Utilities	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder n	enditure to benefit C/OH name Office sough	

The INSTRUCT	TON GUIDE explains how to complete this form.	1 Total pages 11/11	report:
FILER NAM Gerald Dau		3 ACCOUNT 0000000	NT# (Ethics Commission filers)
Date	5 Payee name		7 Amount
10/07/2004	Time Warner Cable		(\$) 44.95
		ode	77.35
Purpose of ex information re Utilities	spenditure (See Instructions regarding type of equired.)	Complete if direct expenditure to beneate / Officeholder name	efit C/OH ** Office sought Office held
Date	Payee name		Amount
08/14/2004	United States Postal Service		(\$) 333.33
	Payee address; City; State; Zip Co	xde	300.00
	510 Guadalupe St		
	Austin TX 78701-2924		•
Purpose of ex	spenditure (See Instructions regarding type of	Complete if direct expenditure to ben	efit C/OH **
	, ,		
information re Postage	equired.)	Candidate / Officeholder name	Office sought Office held
	Payee name		
Postage	Payee name Z'Tejas Grill	Candidate / Officeholder name	Office sought Office held Amount (\$)
Postage Date	Payee name Z'Tejas Grill	Candidate / Officeholder name	Office sought Office held Amount
Postage Date	Payee name Z'Tejas Grill	Candidate / Officeholder name	Office sought Office held Amount (\$)
Postage Date	Payee name Z'Tejas Grill Payee address; City; State; Zip Co	Candidate / Officeholder name	Office sought Office held Amount (\$)
Postage Date 07/19/2004	Payee name Z'Tejas Grill Payee address; City; State; Zip Co 1110 W 6th St Austin TX 78703-5304 spenditure (See Instructions regarding type of equired.)	Candidate / Officeholder name ide Complete if direct expenditure to ben	Office sought Office held Amount (\$) 36:00
Postage Date 07/19/2004 Purpose of exinformation re	Payee name Z'Tejas Grill Payee address; City; State; Zip Co 1110 W 6th St Austin TX 78703-5304 spenditure (See Instructions regarding type of equired.)	Candidate / Officeholder name ide Complete if direct expenditure to ben	Office sought Office held Amount (\$) 36:00
Purpose of exinformation re	Payee name Z'Tejas Grill Payee address; City; State; Zip Co. 1110 W 6th St Austin TX 78703-5304 (penditure (See Instructions regarding type of equired.) ing Payee name Z'Tejas Grill	Candidate / Officeholder name ode Complete if direct expenditure to ben Candidate / Officeholder name	Office sought Office held Amount (\$) 36.00 effit C/OH ** Office sought Office held
Postage Date 07/19/2004 Purpose of exinformation relunch Meeti	Payee name Z'Tejas Grill Payee address; City; State; Zip Co. 1110 W 6th St Austin TX 78703-5304 (penditure (See Instructions regarding type of equired.) ing Payee name Z'Tejas Grill	Candidate / Officeholder name ode Complete if direct expenditure to ben Candidate / Officeholder name	Office sought Office held Amount (\$) 36.00 effit C/OH ** Office sought Office held Amount (\$)
Postage Date 07/19/2004 Purpose of exinformation relunch Meeti	Payee name Z'Tejas Grill Payee address; City; State; Zip Co 1110 W 6th St Austin TX 78703-5304 kpenditure (See Instructions regarding type of equired.) ing Payee name Z'Tejas Grill	Candidate / Officeholder name ode Complete if direct expenditure to ben Candidate / Officeholder name	Office sought Office held Amount (\$) 36.00 effit C/OH ** Office sought Office held Amount (\$)
Postage Date 07/19/2004 Purpose of exinformation relunch Meeti	Payee name Z'Tejas Grill Payee address; City; State; Zip Co. 1110 W 6th St Austin TX 78703-5304 cpenditure (See Instructions regarding type of equired.) ing Payee name Z'Tejas Grill Payee address; City; State; Zip Co.	Candidate / Officeholder name ode Complete if direct expenditure to ben Candidate / Officeholder name	Office sought Office held Amount (\$) 36.00 effit C/OH ** Office sought Office held Amount (\$)